REGERER

SDNY PRO SE OFFICE

United States District Courtines 15 AMII: 58 Southern District of New York

DAVID K. HORATH	
	CV
Write the full name of each plaintiff.	(Include case number if one has been assigned)
-against-	COMPLAINT
city of NEW YORK	(Prisoner)
Director. Defaitment Appeless solvices	Do you want a jury trial? — Yes □ No
Director Bellevue Sherter System	

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, prisoners challenging the constitutionality of their often brought under 42 U.S.C. § 1983 (against state "Bivens" action (against federal defendants).	r conditions of confinement; those claims are			
☐ Violation of my federal constitutional rights				
A Other: DEFINATION of charee	dor, Stander, false Accusations			
II. PLAINTIFF INFORMATION				
Each plaintiff must provide the following informat	tion. Attach additional pages if necessary.			
David K.	Porath			
First Name Middle Initial	Last Name			
State any other names (or different forms of your you have used in previously filing a lawsuit.	name) you have ever used, including any name			
N. 15. DelT Collections late	N ID# 11-1-0120			
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)				
RIKERS ISland Booking # 24/2/02498				
Current Place of Detention				
16-06 Hazen ST West faciliti				
Institutional Address				
EAST EMNAVOT N	(1) 1/370			
	ate Zip Code			
III. PRISONER STATUS				
Indicate below whether you are a prisoner or other confined person:				
☐ Pretrial detainee				
☐ Civilly committed detainee				
☐ Immigration detainee				
☐ Convicted and sentenced prisoner				
Other: Prior Wiolation Detainer				

IV. DEFENDANT INFORMATION

County, City

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary. Defendant 1: Shield # First Name Last Name Current Job Title (or other identifying information) **Current Work Address** Zip Code County, City State Defendant 2: First Name Shield # commissioner! Current Job Title (or other identifying information) **Current Work Address** Ç County, City State Zip Code Defendant 3: First Name Last Name Shield # Current Job Title (or other identifying information) 400 E.30 Th **Current Work Address** State County, City Zip Code Defendant 4: First Name Shield # Current Job Title (or other identifying information) Current Work Address

State

Zip Code

V.	STA	TEMEN?	OF	CLA	IM
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Place(s) of occurrence: PAROLE OFFICE DE LINCOLN AVE BIONX NO

Date(s) of occurrence: 305 TIMES APPIL-MAY 2020 SEPTEMBER 2021

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary. I am a Parolee, who did time for burglary, and have never had any type of drime or allegat come or allegation exflauned Made dilligen couse IM a alleged MANETOUS Ye Und NSUSP

Refused to go somewhere under the Pretense
of Berna a rex offendor As Parole has directed me to do
Euther Adding to the complexity of this complaint. What as clear is that this
What as clear is that this
complaint will Prove that Bellevue Has andor had
Me down as a known sexoffender creating a gioss
no dimnt error further mutiplied when Parole did
nothing to dollect this Records dates computer
perado and vorit hearings will not hie
nothing to dorrect this Records, dates, computer Records, and pourt hearings will not Lie INJURIES: I STate this complaint there under Penalty of Berally
If you were injured as a result of these actions, describe your injuries and what medical treatment,
if any, you required and received.
Mental anguish Pain Suffering defination of charedo Slander, and Physical suffering of being financelated due to Refusing to adhere to go believe under the Protense of a sex offender. as Parole directed
Slander and Philical Tentfering of heing linearcoloded
16 Rocus on to allow to a house under the
and to ketasing to dante to go believae under the
frotense of a sex offencer. as raise a reciec
VI. RELIEF
State briefly what money damages or other relief you want the court to order.
260,000 for defination of charecter
250,000. of for Pain and Suffering
250, 600, 60 for slander
TALXX Seven Hundred and Fifty thousand dollars XX
for the courts to direct i be assigned different Parole to
avoid any type of Retaliation, where they are known to act
in a Primitive and barbaric manner and any other
Reflet the court may deem Just and Project.
I Fulther Request Judicial intellention in this matter

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated

Plaintiff's Signature

Porath

First Name

Middle Initial

Last Name

16-06 Nation of word facility

Prison Address

Last Manual Association

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

20 9	CLERK OF COURT	February 10th, 2022
		18 BUGET 1017, 2000
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	Southern DISTRICT of NEW YORK	
	Daniel ATRIOK MOYNIHAN UNITED STATES CO	
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	NEW YORK, NEW CORK 10007	
Form	DAVID K. PORATH 241210	2478
·//\\\/\\	16-06 HAZEN ST WESTFOCILIZ	- <i></i>
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